I claim:

1. A method of reducing mortality and morbidity after myocardial infarction, comprising administering to a patient in need thereof, a compound selected from the group consisting of GLP-1, GLP-1 analogs, GLP-1 derivatives, and pharmaceutically-acceptable salts thereof, at a dose effective to normalize blood glucose.

2. The method of Claim 1, wherein the compound is administered intravenously.

3. The method of Claim 1, wherein the compound is administered subcutaneously.

4. The method of Claims 2 or 3, wherein the administration is continuous.

5. The method of Claim 4 wherein the rate of administration of the compound is between 0.25 and 6 pmol/kg/h.

6. The method of Claim 5 wherein the rate of administration of the compound is between 0.6 and 2.4 pmol/kg/h.

7. The method of Claims 2 or 3 wherein the intravenous administration is intermittent.

8. The method of Claim 2 wherein the compound is administered intravenously and also administered by another parenteral route.

9. The method of Claim 8 wherein the other parenteral route is the subcutaneous route.

10. The method of Claim 1 wherein the compound administered is GLP(7-36) amide, or a pharmaceutically-acceptable salt thereof.

11. A method of reducing morbidity and mortality after myocardial infarction, comprising, administering a compound that exerts insulinotropic activity by interacting with the same receptor, or receptors, with which GLP-1, GLP-1 analogs, and GLP-1 derivatives interact in exerting their insulinotropic activity.

12. A method of reducing morbidity and mortality after myocardial infarction, comprising, administering a compound that enhances insulin sensitivity by interacting with the same receptor, or receptors, with which GLP-1, GLP-1 analogs, and GLP-1 derivatives interact to enhance insulin sensitivity.

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